

TOWN OF NEWINGTON

2015 ANNUAL INCOME AND EXPENSE REPORT SUMMARY

Property Unique ID: _____ (See cover letter)

Property Owner: _____

Mailing Address: _____

Town / ST / Zip: _____

Property Location: _____

Name of Property: _____

(Examples: The Big Shopping Plaza / The Main St Professional Bldg)

NOTE: If the property is 100% owner-occupied and NO income was received it is not necessary to complete this page.

Property Use: ☐ Office ☐ Retail ☐ Mixed ☐ Industrial ☐ Shopping Ctr. ☐ Other _____

Total Building Area (gross)	<input type="text"/>	Sq. Ft.	Total Number Of Parking Spaces	<input type="text"/>
Total Net Leasable Area	<input type="text"/>	Sq. Ft.	Actual Year Built	<input type="text"/>
Total Owner-Occupied Area	<input type="text"/>	Sq. Ft.	Year Last Major Renovation (if applicable)	<input type="text"/>
Total Number Of Units	<input type="text"/>			

2015 INCOME

Rent Collected For Calendar Year 2015	\$	<input type="text"/>
Parking Rentals	\$	<input type="text"/>
Common Area Maintenance Reimbursement	\$	<input type="text"/>
Real Estate Tax Reimbursement	\$	<input type="text"/>
Utility Charge Reimbursement	\$	<input type="text"/>
Other Income: _____	\$	<input type="text"/>
Other Income: _____	\$	<input type="text"/>
TOTAL INCOME (COLLECTED) IN 2015	\$	<input type="text"/>
(Add Lines 1-7)		

**IRS SCHEDULES E, 1120, AND 8825
MAY BE SUBMITTED IN LIEU OF
COMPLETING THIS FORM**

2015 EXPENSES

9 Advertising	\$	<input type="text"/>
10 Cleaning & Maintenance	\$	<input type="text"/>
11 Real Estate Commissions	\$	<input type="text"/>
12 Property Insurance	\$	<input type="text"/>
13 Legal & Other Professional Fees	\$	<input type="text"/>
14 Management Fees	\$	<input type="text"/>
15 General Repairs	\$	<input type="text"/>
16 Supplies	\$	<input type="text"/>
17 Utilities	\$	<input type="text"/>
18 Tenant Improvements (Paid by Property Owner)	\$	<input type="text"/>
19 Other (Specify) _____	\$	<input type="text"/>
20 Other (Specify) _____	\$	<input type="text"/>
21 Other (Specify) _____	\$	<input type="text"/>
22 TOTAL EXPENSES IN 2015	\$	<input type="text"/>
(Add Lines 9-21)		

2015 NET OPERATING INCOME (NOI)

(Subtract Line 22 from Line 8)

\$

TOWN OF NEWINGTON

SCHEDULE B - LESSEE SCHEDULE

TENANT NAME (Please print legibly)	LEASE TERM			ANNUAL RENT IN 2015						IMPROVEMENTS PAID FOR BY TENANT	
	START DATE	END DATE	LEASED AREA (SF)	BASE RENT	ESC	CAM	OVERAGE	TOTAL	TOTAL PER SQFT	COST	DESCRIPTION
TOTALS											

NOTE: A COMPUTER GENERATED TENANT ROSTER OR RENT ROLL CAN BE SUBSTITUTED IN LIEU OF THIS PAGE - **PROVIDED** IT INCLUDES ALL OF THE REQUIRED INFORMATON AS SHOWN ABOVE

TOWN OF NEWINGTON

VERIFICATION OF SALE PRICE AND FINANCING

COMPLETE THIS SECTION ONLY IF THE PROPERTY WAS ACQUIRED OR REFINANCED AFTER JUNE 1, 2015 - OTHERWISE PROCEED TO ATTESTATION BELOW

PURCHASE PRICE \$ _____ DOWN PAYMENT \$ _____ DATE OF PURCHASE _____
 DATE OF LAST APPRAISAL _____ APPRAISAL FIRM _____ APPRAISED VALUE \$ _____

FIRST MORTGAGE \$ _____ SECOND MORTGAGE \$ _____ OTHER \$ _____ CHATTEL MORTGAGE \$ _____	INTEREST RATE _____ % INTEREST RATE _____ % INTEREST RATE _____ % INTEREST RATE _____ %	PAYMENT SCHEDULE TERM _____ YEARS PAYMENT SCHEDULE TERM _____ YEARS PAYMENT SCHEDULE TERM _____ YEARS PAYMENT SCHEDULE TERM _____ YEARS
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(Check One)	
Fixed	Variable

DID PURCHASE PRICE INCLUDE: FURNITURE? \$ _____ (Value) EQUIPMENT? \$ _____ (Value) OTHER (Specify) \$ _____ (Value)

IS THE PROPERTY CURRENTLY LISTED FOR SALE OR LEASE? YES _____ NO _____ LISTING AGENCY: _____
 IF YES; ASKING PRICE: \$ _____ DATE LISTED: _____ BROKER/AGENT NAME: _____
 TELEPHONE: _____

Please explain any special circumstances or factors regarding the purchase or sale price (i.e., vacancy, physical conditions, terms of sale, etc.)

ATTESTATION

I DO HEREBY DECLARE UNDER PENALTIES OF FALSE STATEMENT THAT THE FOREGOING INFORMATION, ACCORDING TO THE BEST OF MY KNOWLEDGE, REMEMBRANCE AND BELIEF, IS A COMPLETE AND TRUE STATEMENT OF ALL THE INCOME AND EXPENSES ATTRIBUTABLE TO THE ABOVE IDENTIFIED PROPERTY (Section 12-63c(d) of the Connecticut General Statutes).

SIGNATURE _____ NAME (Print) _____ DATE _____
 TITLE _____ TELEPHONE _____ EMAIL _____